05/01/2000 13:37 407-869-1529 GM ACCOUNTING

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90022 001 ***150.00

DOCUMENT # P98000096491

1. Entity Name
GLOBAL FINANCIAL SYSTEMS, INC.

Principal Place of Business
729 VERONICA CIR.
OCOEE, FL 34761

Mailing Address

B00089141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FL
Zip / Country	Zip / Country

4. FEI Number 59-3512280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ENID GONZALEZ

7. Name and Address of New Registered Agent
Name ENID GONZALEZ
Street Address (P.O. Box Number Is Not Acceptable) 729 VERONICA CIR.
City OCOEE FL Zip Code 34761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X [signature] [signature] 5-1-00
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy the intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS $150.00 [illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D / NAME ENID GONZALEZ / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME ENID GONZALEZ / STREET ADDRESS 729 VERONICA CIR / CITY-ST-ZIP OCOEE, FL 34761	☒ Change ☐ Addition
TITLE D / NAME URIEL GONZALEZ JR. / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME URIEL GONZALEZ JR. / STREET ADDRESS 729 VERONICA CIR. / CITY-ST-ZIP OCOEE, FL 34761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] [signature] 5-1-00 407-207-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #